

**IOWA DEPARTMENT OF INSPECTIONS AND APPEALS**  
**Social and Charitable Gambling Unit**  
**Lucas State Office Building**  
**321 East 12<sup>th</sup> Street**  
**Des Moines, Iowa 50319-0083**  
**(515) 281-6840**  
**FAX: (515) 281-3291**

**RENEWAL REGISTRATION FOR  
ELECTRICAL AND MECHANICAL AMUSEMENT DEVICES**

**Registration Type**

<input type="checkbox"/> Manufacturer - \$2,500 registration fee	<input type="checkbox"/> Manufacturer's Representative - \$2,500 registration fee	<input type="checkbox"/> Distributor - \$5,000 registration fee	<input type="checkbox"/> Owner with no more than two devices at a single location - \$2,500 registration fee	<input type="checkbox"/> Registration tag - \$25 per device
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**Registrant Information**

Company Name:		EIN or SSN:	
Primary Contact Name:		Responsible Party:	
Street Address:			
City:	State:	Zip Code:	County:
Phone Number (include area code): (      )		Fax Number:	E-Mail Address (optional):

**Please enter the mailing address (if different than street address listed above):**

Mailing Address:			
City:	State:	Zip Code:	County:

**Please enter the address where the amusement device(s) records will be stored (if different from above addresses):**

Name of Business Where Records Are Located:			
Street Address:			
City:	State:	Zip Code:	County:
Phone Number at Location Where Records Are Kept: (include area code): (      )			

**Outstanding State Liabilities:**

Do you owe back taxes or fees to the State of Iowa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Please enter the following information for each amusement device** (*attach additional pages if necessary*):

[illegible]

## AFFIRMATION

I, (print name) \_\_\_\_\_, affirm that all information contained on pages one and two and any additional copies of page 2 of this application is true and accurate to the best of my knowledge and belief. I understand that I must comply with the requirements for **Electrical and Mechanical Amusement Devices** in Iowa Code sections 99B.10, 99B.10A, and 99B.10C, all administrative rules promulgated by the Iowa Department of Inspections and Appeals, and other applicable state and federal laws.

Signature of Applicant

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Title

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Date \_\_\_\_\_

**Make check or money order payable to: Treasurer – State of Iowa**